# CONTRACT #3 RFS # 345.71-711

# Department of Human Services

VENDOR: Versa Management Systems, Inc.



## RECEIVED

JUL 1 2 2007

FISCAL REVIEW

# STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES

CITIZENS PLAZA BUILDING 400 DEADERICK STREET NASHVILLE, TENNESSEE 37248

Telephone: 615-313-4700 FAX: 615-741-4165 TTY: 1-800-270-1349 www.state.tn.us/humanserv/

PHIL BREDESEN Governor VIRGINIA T. LODGE

July 12, 2007

Mr. James W. White, Executive Director General Assembly of the State of Tennessee Fiscal Review Committee 320 Sixth Avenue North Rachel Jackson Building – 8<sup>th</sup> Floor Nashville, TN 37243-0057

RE: RFS 345.71-711 (FA 04-15746)

Dear Director White:

Since 1996, the Tennessee Disability Determination Services (TDDS) has entered into an annual maintenance contract with Versa Management Systems to provide major systems upgrades, modify ongoing day-to-day software support, effect system enhancements, and achieve other changes mandated by the Social Security Administration (SSA) for DDS programs. Costs incurred under this contract are funded in their entirety by the Social Security Administration.

Versa Management Systems, Inc. is the sole proprietor of software currently used to operate the SSA/TDDS AS/400 computer and IWA/LAN system. Versa has contracts with Tennessee and seventeen other states to provide ongoing day-to-day software support, systems enhancements, and other SSA mandated modifications. Through its maintenance contract, the TDDS can purchase new application packages and enhancements in a shared cost arrangement with these other states, resulting in significant cost savings. Versa provides more functionality than is provided by other SSA approved software providers.

Each year, prior to extending the contract term through amendment, TDDS' system personnel make an inquiry with Versa management in order to determine if there will be any hourly rate changes or program analysis cost changes applicable to the upcoming contract year. Rate changes are approved if they fall within the national standards for

Mr. James W. White, Executive Director Page 2 July 12, 2007

the work requested, and the Social Security Administration agrees to fund the changes. This year, the rates have not increased.

Termination of Versa as the service provider in favor of another service provider would not only be cost prohibitive, but it would also have a catastrophic effect on TDDS' efforts to provide timely disability decisions to customers, due to significant periods of downtime precipitated by changing systems. In light of this, and given the unique nature of the current Versa Case Expert software for TDDS system operation, as well as Versa's knowledge and experience, and the cost sharing opportunity through SSA, I respectfully request that the current maintenance contract be extended through September 30, 2008. Thank you for your consideration of this non-competitive contract amendment request.

Sincerely,

Uirginia T. Jodge Virginia T. Lodge Commissioner

VTL: Klock

**Attachments** 

### REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED				
Commissioner of	Finance & A	Administrat	tion	
Date:				

EACHR	EQUESTITEM BELOW <u>MUST</u> BE DETAILED OR ADDRESSED <u>AS RE</u>	GUIRED.								
1) RFS#	345.71-711									
2) State Agency Name :	Department of Human Services									
	EXISTING CONTRACT INFORMATION									
3) Service Caption:	Service Caption:  Computer Maintenance and Software Services for the Department of Human Services Disability Determination Section (DDS) /Social Security Administration (SSA) System									
Contractor: Versa Management Systems, Inc.										
5) Contract #	FA 04-15746									
6) Contract Start Date:		10/01/03								
7) <u>Current</u> Contract End Dat	e IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/08								
8) <u>Current</u> Total Maximum C	est IF <u>all</u> Options to Extend the Contract are Exercised :	\$800,000.00								
	PROPOSED AMENDMENT INFORMATION									
9) Proposed Amendment #		∙04								
10) <u>Proposed</u> Amendment Et (attached explanation requ	fective Date : fred if date is < 60 days after F&A receipt)	10/01/07								
11) <u>Proposed</u> Contract End C	Date IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/08								
12) <u>Proposed</u> Total Maximun	n Cost IF <u>all</u> Options to Extend the Contract are Exercised:	\$800,000.00								
13) Approval Criteria : X (select one)	use of Non-Competitive Negotiation is in the best interest	t of the state								
	only one uniquely qualified service provider able to provi	de the service								
14) Description of the Propo	sed Amendment Effects & Any Additional Service :									
Extension of the contract term, the Versa Disability Determinat	updating rates, and addition funds applicable to annual maintena ion System (VDDS)	ance and major software upgrades to								
15) Explanation of Need for t	the Proposed Amendment:									

The amendment is needed to provide the Tennessee Disability Determination Services ongoing day to day software support, systems enhancements and other required changes mandated by the Social Security Administration for DDS programs. Without this support, the agency would not be able to function. To use another source would not be cost effective and would result in significant downtime precipitated by changing systems. This would also result in long delays in decisions for the applicants for Social Security Disability Benefits. The amendment is 100% federally funded by the Social Security Administration. 16) Name & Address of Contractor's Current Principal Owner(s): (not required if proposed contractor is a state education institution) Versa Systems, Inc. 110 North Kenilworth Avenue #7-A Oak Park, Illinois 60301-1218 17) Documentation of Office for Information Resources Endorsement: (required only if the subject service involves information technology) Documentation Attached to this Request select one: Documentation Not Applicable to this Request 18) Documentation of Department of Personnel Endorsement: (required only if the subject service involves training for state employees) **Documentation Not Applicable to this Request** Documentation Attached to this Request select one: 19) Documentation of State Architect Endorsement: (required only if the subject service involves construction or real property related services) **Documentation Attached to this Request** select one: Documentation Not Applicable to this Request 20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives: Given the information presented below in item #21, DHS feels that it is in the best interest of the State to continue doing business with Versa Management Systems, Inc. rather than seeking an alternate vendor. 21) Justification for the Proposed Non-Competitive Amendment: Versa Management Systems, Inc. is the sole proprietor of the software currently used to operate the SSA/TDDS AS/400 computer and IWA/LAN system utilized by DHS, and they provide more functionality than is provided by other SSA approved software providers. Since 1996, Tennessee has entered into an annual maintenance contract with this company to provide major systems upgrades. modify ongoing day-to-day software support, effect system enhancements, and achieve other changes mandated by the Social Security Administration for DDS programs. Seventeen states in addition to Tennessee contract with Versa for the same type of services and support, and this results in a shared cost arrangement that yields significant cost savings for the State. Termination of the services of Versa in favor of another service provider would not only be cost prohibitive, but it would also have a catastrophic effect on TDDS' efforts to provide timely disability decisions to customers, due to significant periods of downtime that would result from a change in systems. Costs incurred under this contract are funded in their entirety by the Social Security Administration. REQUESTING AGENCY HEAD SIGNATURE & DATE: (must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR -- signature by an authorized signatory will be accepted only in documented exigent circumstances)



## FAX TRANSMITTAL

## to Request OIR Procurement Endorsement

TO:

Jane Chittenden, Director

OIR Procurement & Contract Management

FAX # 741-6164

FROM:

Kelly Long, Contract Coordinator

FAX # 615~253-1779

DATE:

May 16, 2007

RFS#

345,71-711

RE:

Procurement Endorsement — Annual maintenance and major software upgrades to the Versa Disability System (VDDS)

NUMBER OF FAX PAGES (Including cover): 37

The nature and scope of service detailed in the attached service procurement document(s) appears to require Office for Information Resources (OIR) review and support, because the procurement involves information technology or information systems services.

This communication seeks to ensure that OIR is aware of the procurement and has an opportunity to review the matter. Please determine whether OIR is supportive of the procurement. If you have any questions or concerns about this matter, please call Kelly Long at (615) 743-7843.

Please indicate below your response to this proposed procurement, and return this communication at your earliest convenience (note the return FAX number above).

Thank you for your help.

Attachment(s)

**OIR Endorsement:** 

OIR Chief Information Officer

<u>5/22/07</u>

Date

		· • • • · · · · · · · · · · · · · · · ·	SUMMAR'	The second secon	060706					
RFS#	ne god Postgonika fra se de ak		Contract#							
	345.71-7	11	FA 04-15746-04							
State Agend			State Agency	Division						
DEPARTM	IENT OF HUMAN SERVI	ICES	DISABILIT	Y DETERMINATION						
Contractor	Name .		Contractor ID	# (FEIN of SSN)						
	ANAGEMENT SYSTEMS		☐ <b>C</b> - or 🗵	<b>V-</b> V362989060-02						
Service Des	scription									
	AL ASSISTANCE									
Contra	ct Begin Date	Contract End Date	SUBRECIPIE	NT or VENDOR?	CEDA#					
	ber 01, 2003	September 30, 2008	yE	NDOR	96.001					
Mark Each	Kurana pahinahan kurang atau di mera Kurana pahinahan									
	tractor is on STARS		Contra	actor's Form W-9 is on						
Allotment	Code Cost Cente	Object Code	Fund	Funding Grant Code	Funding Subgrant Code					
345.71	909	082	11	394	N/A					
	State	Federal	Interdepartmental -	Other	JOTAL Contract Amount					
2004	\$0.00	\$120,000.00	\$0.00	\$0.00	\$120,000.00					
2005	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00					
2006	\$0.00	\$160,000.00	4-7-							
2007	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00					
2008	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00					
2009	\$0.00	\$40,000.00	\$0.00	\$0.00	\$40,000.00					
TOTAL:	\$0.00	\$800,000.00	\$0.00	\$0.00	\$800,000.00					
ec	MPLETE FOR AMENDA	MENTS ONLY	State Agency Fiscal	Contact & Telephone #						
÷FΥ	Base Contract & Prior Amendments	THIS Amendment ONLY	Tom Osborne	izens Plaza Building - 5th Flo	<del></del>					
2004	\$120,000.00	\$0.00	State Agency Budge	t Officer Approval						
2005	\$160,000.00	\$0.00	Je		y 12, 2007					
2006	\$160,000.00	\$0.00								
2007	\$160,000.00	\$0.00	Funding Certification	n (certification, required by	T.O.A., § 9-4-5143) that there is th					
2008	\$40,000.00		a balance in the appropr	lation from which the obligate encumbered to pay obliga	ted expenditure is required to be a tions previously incurred)					
2009		\$40,000.00								
TOTAL:	\$640,000.00	\$160,000.00								
End Date:	9/30/2007	12/31/2007								
Contractor	Ownership (complete or	nly for base contracts with c	ontract # prefix: FA or GR		or is side and section characters.					
Africa	n American Perso			nall Business	NOT minority/disadvantaged					
Asian	Femal			THER minority/disadvanta						
Contractor	Selection Method (con	aplete for ALL base contrac	ts—N/A to amendments o	or delegated authorities)						
RFP		Competitive Negot			ompetitive Method					
Non-C	Competitive Negotiation	Negotiation w/ Go	vernment (e.g., ID, GG, GU)	Other-						
Procureme	nt Process Summary	complete for selection by A	Iternative Method, Compe	titive Negotiation, Non-Com	petitive Negotiation, OR Other)					





#### AMENDMENT # 04 TO CONTRACT FA 04-15746

This Contract, by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the State, and VERSA MANAGEMENT SYSTEMS, INC., hereinafter referred to as the Contractor, is hereby amended as follows:

- 1. Delete Section B.1. in its entirety and insert the following in its place:
  - B.1. <u>Contract Term</u>. This Contract shall be effective for the period commencing on October 1, 2003 and ending on September 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.
- Delete Section C.1. in its entirety and insert the following in its place:
  - C.1. <u>Maximum</u> Liability. In no event shall the maximum liability of the State under this Contract exceed Eight Hundred Thousand Dollars and No Cents (\$800,000.00) for the period October 1, 2003 September 30, 2008.

For the period:	In no event shall the maximum liability of the Stat Contract exceed:	e under this
10/1/03-9/30/04	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/04-9/30/05	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/05-9/30/06	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/06-9/30/07	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/07-9/30/08	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00

The Service Rates in Section C.3. shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Service Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

- 3. Delete Section C.3. in its entirety and insert the following in its place:
  - C.3. Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates for the Period October 1, 2003 through September 30, 2004:

AMOUNT

SERVICE UNIT/MILESTONE

Programming Services

\$120.00/per hour

Technical Analysis

\$130.00/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2004 through September 30, 2005:

AMOUNT

SERVICE UNIT/MILESTONE

**Programming Services** 

\$125.00/per hour

Technical Analysis

\$137.50/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2005 through September 30, 2006:

AMOUNT

SERVICE UNIT/MILESTONE

Programming Services

\$125.00/per hour

Technical Analysis

\$135.00/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2006 through September 30, 2008:

AMOUNT

SERVICE UNIT/MILESTONE

Programming Services

\$130.00/per hour

Technical Analysis

\$140.00/per hour

The Contractor shall submit monthly invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall be submitted for completed units of service or project milestones for the amount stipulated.

The other terms and conditions of this CONTRACT not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:	
VERSA MANAGEMENT SYSTEMS, INC.:	
BRENDA RIDDELL, VICE PRESIDENT	DATE
DEPARTMENT OF HUMAN SERVICES:	
TYPOWN M LODGE COMMISSIONED	DATE
VIRGINIA T. LODGE, COMMISSIONER	DAIL
APPROVED:	
DEPARTMENT OF FINANCE AND ADMINISTRATION:	
	DATE
M. D. GOETZ, JR., COMMISSIONER	DATE
COMPTROLLER OF THE TREASURY:	
THE STATE OF THE STATE AND A STATE OF THE ST	DATE



### GENERAL ASSEMBLY OF THE STATE OF TENNESSEE FISCAL REVIEW COMMITTEE

320 Sixth Avenue, North - 8th Floor NASHVILLE, TENNESSEE 37243-0057 615-741-2564

#### Rep. Charles Curtiss, Chairman

Representatives

Mary Pruitt

Curry Todd

Donna Rowland

David Shepard

Harry Brooks

Curt Cobb

Dennis Ferguson Frank Niceley

Craig Fitzhugh, ex officio Speaker Jimmy Naifeh, ex officio Sen. Don McLeary, Vice-Chairman

Senators

Mae Beavers Jim Bryson

David Fowler Steve Southerland

Steve Cohen

Douglas Henry, ex officio

Lt. Governor John S. Wilder, ex officio

#### MEMORANDUM

TO:

The Honorable Dave Goetz, Commissioner

Department of Finance and Administration

FROM:

Charles Curtiss, Chairman

Don McLeary, Vice-Chairman

DATE:

August 10, 2006

SUBJECT:

**Contract Comments** 

(Contract Services Subcommittee Meeting 8/9/06)

RFS# 345.71-711

Department: Human Services

Division: Disability Determination

Contractor: Versa Management Systems, Inc.

Summary: This vendor currently provides computer maintenance, upgrades and software services for the Disability Determination Services (DDS) computer system mandated by the Social Security Administration (SSA) for This amendment extends the current contract for one DDS programs. additional year, with the option to extend for one more year. The maximum liability increases by \$160,000.

Maximum liability: \$480,000

Maximum liability with amendment: \$640,000

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc:

The Honorable Virginia Lodge, Commissioner, Human Services

Mr. Robert Barlow, Director, Office of Contracts Review

· · · · · · · · · · · · · · · · · · ·	C 0	N T	RACT	S U I	MMARY	/ 5	HEET			060706
RFS##			Learn Alleran				The second second	New York	dar ta	
	345.7	1-711					FA 04-15746	-03		
State Agen	CV			e auten	State Agency	Divisi	on to be a second			
	MENT OF HUMAN SE						ERMINATION			
Contractor	Name Au te se est				Contractor ID	报(EEI	N or SSN)#4			
	ANAGEMENT SYSTE				☐ C- or 🏻	V-	V362989060-02			į
Service De	seription (* 2004)	18 (D. 12)						ial antique	e de l'all	A STATE
TECHNIC	AL ASSISTANCE									
∘≰ k√Contr	act Begin Date 🗱		Contract End Date		SUBRECIPIE	NT for	VENDOR?#		CFDA#	a vae
	ober 01, 2003		September 30, 200		VEI	NDOR	The state of the s	value un culture	96.001	
	TRUE Statement				Ma		Form W-9 is on	file in A	ccounte	
<u></u> ∐ Cor	ntractor is on STARS Code	AT SALES OF	Wasana Haryasa Tan							rant Code i
		)reman			I	ji, di ic	393	8884 X 4	N/A	
345.7	1 909		082		11 lepartmental	Marie V		<b>ЖТОТА</b>		
2004	\$0.0		\$120,000.00 <sup>(</sup>			)	\$0.00		\$	120,000.00
2005	\$0.0		\$160,000.00		\$0.00		\$0.00			160,000.00
2006	\$0.0	)	\$160,000.00	SEP	1 8 250,00		\$0.00	<u> </u>		160,000.00
2007	\$0.0	)	\$160,000. <b>@</b> 0		\$0.00		\$0.00	<del> </del>		160,000.00
2008	\$0.0	<u> </u>	\$40,000.00 <sup>-</sup>	<u> </u>	200U\$999	+	\$0.00	<del>                                     </del>		\$40,000.00
TOTAL:	\$0.0	0	\$640,000.00		\$0.00		\$0.00		\$	640,000.00
e G	Mistale and the many of the Mistal	IDMEN	isonly —	State	Agency Fiscal C	orita	a & Telephone		開始外	# 70° ( <b>4)</b>
FY.	Base Contract &	Ī	HIS Amendment &	Tom C	sborne		aza Building - 5th Flo	or, Nashv	/ille, TN 372	248
<b>建</b>	Prior Amendment	CONTRACT CONTRACTOR	Set 2006 in the latter and a Section of the Asset Asse	(615) 3	313-5367		er Approvals			
2004 2005	\$120,000.0 \$160,000.0		\$0.00 \$0.00	State				st 30, 2	006	
2006	\$160,000.0	$\overline{}$	\$0.00			•		•		
2007	\$40,000.0	00	\$120,000.00	Fundi	ng Centification	(certif	cation required by	TFC ALLS	9-4-51113	that there is
2008			\$40,000.00	a balar bala th	ice in ine appropri at is not otherwise	ation in Jerioun	om which the obliga peredito pay obliga	teorexce tions tore	iously inc.	ined).
MOTOTAL		00	\$160,000.00	ON TRANSPORTER	TO A THE STANDARD OF THE STAND	meneral accessions.	COTTOS American de Antolica Canada de Maria		2 Paris (a be order consequence 2 a.	
End Date:		THE TAXABLE	9/30/2007	e francisco de la companya de la co						
r	i Ownership ((complet						. 🖂			
	<del></del>		, <del>, , , , , , , , , , , , , , , , , , </del>	spanic	<del></del>	all Bus	<del></del>		iority/disa	dvantaged
Asian	: Fe Selection Method€(	nale		tive Ame			inority/disadvanta	gea— (1914)		
RFP	ROEIEGIOI AMENIOUE(	somplete	Competitive Nego			naciog)	Alternative Co	mpetitiv	e Method	conditions was a constrained
	Competitive Negotiation	,	Negotiation w/ Go		nt (e.a., ID. GG. GU)		Other-		•	
	int Process Summar					tive Ne		petitive N	egotiation	OR,Other) 🌬
133.70								I o	}- <u>-</u>	
									5/2	Ū M
-	A STATE OF THE STA							[		")
1. J. J.	To the second second						•		ធ្វី	i E
N. Car	SEP 9 2006							HITH MODE		A Company
M.	CEP 1 5 CM	- Sair b								ž į
1	30.	Y.,						STALL SERVICES	<b>5</b> 5	mang.
	DELECTOR OF ACCO							ភ ។	28	
	The state of the s									

		CON	ITR	A C T	SU	M N	<u> </u>	R	Y	S H	E E	T					
RFS Numb		Contract Number: FA 04-15746-02															
State Agen	ncy: De	partment of Hum		Division: DISABILITY DETERMINATION													
		Contrac	tor							actor lo	lentifi	cation	Num	ber			
VERSA MA	NAGEME	NT SYSTEMS				$\boxtimes$	V-	٧	/3629890	60-02							
		•					C-										
		<u> </u>			Service Do	escrip		<u> </u>	· · · · · · · · · · · · · · · · · · ·		"						
TECHNICA	L ASSIST	rance															
		Contract Be	in Date		<del></del>				-	Conti	act Er	nd Da	te	•			
October 01	, 2003					Sep	temb	er 3	30, 2006					<del></del>			
Allotment	Code	Cost Center	Obj	ect Code	Fu	nd		· K	Grant		Gra	ant Co	ode	Su	ıbgra	ant C	ode
345.7°	1	909		082	1			$\boxtimes$	on STA			392				V/A	
FY		Funds	Federa	l Funds	Interder Fu	oartm inds	ental		Other	Fundi			otal Co uding		ame	ndme	ents)
2004		\$0.00	\$1	20,000.00			\$0.00	_			0.00					20,00	
2005		\$0.00		160,000.00			\$0.00				0.00					60,00	
2006		\$0.00		160,000.00			\$0.00	_			0.00			·		60,00 40,00	
2007		\$0.00		\$40,000.00			\$0.00	<u>-</u>		4	0.00				Ψ.	+0,00	,0.00
								$\dashv$									
Total:		\$0.00	\$4	180,000.00		\$0.00 \$0.00					\$4	80,00	00.00				
CFDA#	96.001			<u> </u>			•	-		Check	the bo	x ON	LY if t	he ar	nswe	er is '	YES:
		State Fiscal	Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-13						133)					
Name:	Tom Os	horne		<u> </u>			ls the	• C	ontracto	r a VEN	DOR?	(per	OMB A	A-133	3)		岗
Address:	400 Dea	aderick Street	<u>-</u> .									"			•		-
Phone:	Citizens	s Plaza Building	; - 5th Flo	or													
·		ie, TN 37248 13-5367															
	(0.10/0						Is the	Fi	iscal Yea	r Fund	ing \$1	RICT	LY LIN	VITE	D?		X
Procu	ring Age	ncy Budget O	ficer App	oroval Signa	ature		ls the	e C	ontracto	r on ST	ARS?						
	loffrou	W. Roberts	August	23 2005			is the	e C	ontracto	r's FOF	RM W-	9 ATT	ACHE	D?			
	Jenney	W. Hoberts	August	23, 2003			Is the	e C	ontracto	rs Forn	n W-9	Filed	with A	Accor	unts	?	
	COMPLET	TE FOR ALL A	MENDME	NTS (only)						Fundi	ng Cei	tifica	tion				1
<u> </u>		Base Con	-	This Ame		Purs	suant	to T	r.C.A., Sec Administra	ction 9-6	113, I,	M. D. (	Goetz,	Jr., C	omm	ission	er of
		Prior Amen	dments	ONI	LY	the :	approi	oria	ition from v	which thi	s obliga	tion is	require	ed to b	oe pa	id that	t is
						not	other	vice	encumbe	red to pa	ay oblig	ations	previou	ısly in	curre	d.	
END	DATE è	9/30/2005		9/30/2006	(Market Market M	OF ROCESS											
FY: 2004		\$120	0,000.00		\$0.00	ピ	-		-0015-			·	-	, .	<u></u>		
FY: 2005		\$160	0,000.00		\$0.00	\ \ \ <sub>\</sub>	ct ?	1	Μο	a d			<b>*</b>	<u> </u>	3	لد	· .
FY: 2006		\$40	0,000.00	\$12	20,000.00	1	AE THE STREET	- CY	FACCOU				99		3	O	
<b>FY:</b> 2007				\$2		CHRE	CTO		er e <sup>gger</sup> er				NO.	χi.	<u>&gt;</u>	EIVED	
FY:	_				jiman							:	2	ກັ ⊋	2	m	
FY:													FRYICES		ψ.	O	
	Total	\$32	0,000.00	\$16	60,000.00				•				်လ	n ,	So		

'n	M	102

e		CO	NTR	ACT	SUI	A M N	RY	SHE	E	T		
RFS Numb	er: 345	5.71-711				Contract	Number:	FA 04-15	746-	-01		
State Agen	ncy: Dep	partment of Hur	nan Service:	3		Division: DISABILITY DETERMINATION						
		Contra							ntific	ation Numb	er	
VERSA MA	NAGEME	NT SYSTEMS				<ul><li>V-</li><li>□ C-</li></ul>	V362989	9060-02			·	
					Service De	scription				<u> </u>	····	
TECHNICA	L ASSIST	ANCE										
		Contract Be	gin Date					Contrac	ct <u>En</u>	d Date		
October 01	, 2003					Septembe	r 30, 200	5				
Allotment	Code	Cost Center	Obje	ect Code	Fu	nd	Gran		Gra	nt Code	Subgrant C	ode
345.7	1	909		082	1	1	⊠ on Sī			391	N/A	
FY		Funds	Federal	Funds		artmental nds		er Funding			ntract Amou	ents)
2004		\$0.00		20,000.00		\$0.00		\$0.			\$120,00 \$160,00	
2005		\$0.00		60,000.00		\$0.00		\$0. \$0.	<del></del> i-		\$40,00	
2006		\$0.00	\$	40,000.00	<u> </u>	\$0.00	· · · · · · · · · · · · · · · · · · ·	φ0.	.55		φ-το,οτ	2.30
		·	<u> </u>		<u> </u>		-					
				·								
Total:		\$0.00	\$3	20,000.00		\$0.00		<u> </u>	.00		\$320,00	
CFDA#	96.001										e answer is	YES:
		State Fisca	I Contact			ls the	Contract	or a SUBR	ECIF	PIENT? (per	OMB A-133)	
Name:	Tom Os	home		· · · · · · · · · · · · · · · · · · ·		Is the	Contract	or a VEND	OR?	(per OMB A	-133)	
Address:	400 Dea	derick Street										
Phone:	Citizens	Plaza Buildin	ng - 5th Flo	or								
	Nashvill	e, TN 37248										
	(615) 31	3-5367				Is the	Fiscal Y	ear Fundin	g ST	RICTLY LIN	NITED?	
		ncy Budget C	Officer App	royal Signs	ofure			tor on STA				
Procu	iring Agei	icy budget c	Milicel Whi			·				ATTACHE	D?	
	Jeffrey \	N. Roberts	February	24, 2005						Filed with A		$+ \frac{\square}{\square}$
						is the	Contrac					
(	COMPLET	E FOR ALL	AMENDME	NTS (only)				-		rtification	<u></u>	
		Base Cor		This Ame		Pursuant	o T.C.A., S	Section 9-6-1	13, I,	M. D. Goetz,	Jr., Commission ere is a balance	ner of
		Prior Ame		ON	LY	the appro	oriation from	n which this	obliga	ation is require	ed to be paid tha	at is
					<del></del>	not otherv	vise encum	bered to pay	obl <u>ig</u>	ations previou	isly incurred.	
END	DATE →	9/30/2004		9/30/2005		<u> </u>						
FY: 2004		\$12	20,000.00		\$0.00							
FY: 2005		\$4	40,000.00	\$1	20,000.00					<u>.                                    </u>		
FY: 2006				\$	40,000.00							
FY:						_						
FY:					<u> </u>	_[						
FY:												
	Total	: \$1	60,000.00	\$1	60,000.00						,	

-			COI	NTR	A C T	SU	<u>M M A</u>	R	<u> </u>	S H	E E	<u>l</u>			
RFS Numl	RFS Number: 345.71-711							t Nu	ımber:	FA 04	-15746 	S-01		·	
State Age	ncy:	Depa	rtment of Hun	nan Service	s		Division: DISABILITY DETERMINATION								
		-	Contra	ctor			Contractor Identification Number								
VERSA MA	ANAGE	MEN	T SYSTEMS	S INC.			<b>⋈ ۷-</b>	V	3629890	060-03					
						·	C-								
				<u>.</u>		Service D	escription								
TECHNICA	AL ASS	ISTA	NCE												
			Contract Be	gin Date						Cont	ract E	nd Date	<del> </del>		
October 0	1, 2003				•		Septemb	er 3	30, 2005						
Allotment	Code	С	ost Center	Obj	ect Code	Fu	nd		Gran		Gra	ant Code	Subg	rant C	ode
345.7	71		909		082	1	1	$\geq$	on ST	ARS		391	<u> </u>	n/a	
FY		ate F	unds	Federa	Funds		artmenta		Othe	r Fundi	ng	Total Co			
			40.00	<u>.</u>	00.000.00	<u> </u>	nds \$0.0				\$0.00	(including A		ename 120,00	
2004			\$0.00 \$0.00		20,000.00		\$0.0	$\rightarrow$			\$0.00			160,00	
2005 2006			\$0.00		340,000.00	<u> </u>	\$0.0	-	-		\$0.00			\$40,00	
2000			ψο.σσ		, 10,000.00	·	, , ,				•				
										<del>.</del>				000.00	
Total:			\$0.00	\$3	320,000.00		\$0.0	00			\$0.00			320,00	
CFDA#	93.802	2				WE				Check	the bo	x ONLY if th	ne ansv	ver is `	YES:
		•	State Fiscal	Contact			Is th	e C	ontracto	or a SUI	RECI	PIENT? (per	OMB A	-133)	
Name:	Tom	Ocho	rno	<del></del>	<u></u> ,		Is the	e C	ontracto	or a VEN	NDOR?	per OMB A	-133)		
Address:	400 [	Dead	erick Street									(1	,		
Phone:	Citize	ens P	laza Buildin	g - 5th Flo	or	•									
			TN 37248												
	(615)	313-	-5367				ls th	e Fi	iscal Ye	ar Func	lina Si	TRICTLY LIN	IITED?	<del>-</del>	
Proci	uring A	genc	v Budget O	fficer Apr	roval Signa	ature	ļ		ontracto						
			<del></del>				is th	e C	ontracto	or's FO	RM W-	9 ATTACHE	D?		
· · · · · · · · · · · · · · · · · ·	Je	ffrey	W. Roberts	June 8	, 2004		ls th	e C	ontracto	ors For	n W-9	Filed with A	ccount	s?	
					"		,5 (								
	COMPL	LETE	FOR ALL A	MENDME	NTS (only)						_	rtification			
			Base Con		This Ame		Pursuant	to T	r.C.A., Se	ction 9-6	-113, I,	M. D. Goetz, certify that the	Jr., Com	mission	er of
			Prior Amer	ndments	ONI	LY	the appro	pria	tion from	which th	is obliga	ation is require	d to be p	oaid that	t is
		_	0/00/0004	<u>.                                 </u>	0/00/0005		not other	wise	encumb	ered to p	ay oblig	ations previou	sly incur	red.	
END	DATE	<b>→</b>	9/30/2004		9/30/2005										
FY: 2004			\$12	0,000.00		\$0.00									
<b>FY:</b> 2005			\$4	0,000.00	\$12	20,000.00		•		_					
<b>FY:</b> 2006					\$4	10,000.00						<u> </u>			
FY:												<b>3</b> C	<del>نظ</del> د		
FY:							$\int 0$	CT	- 5 2	2004		MANAQ	J204 SEP	70	
FY:													9	MON THO	
	To	tal:	\$16	0,000.00	\$10	60,000.00							28	77	
					<u> </u>		=					EN PO		e Promise	
												g OFFIC ERVICE:	ÞΦ	111	
												73 0	•	4	

<del>:-</del>			age Im. A	O 7	C 21 N	7 N/ A	RV	SHE	= F	Т		
	<u> </u>	CON	TRA	CI	2 U I	<u>и м а</u>						
RFS Numbe	er: 34	5.71-711				Contract	Number:	FA 04-				
State Agen	cy: De	epartment of Huma	n Services	•		Division:				TERMINATIO		
		Contract							entific	ation Numb	oer	
VERSA MAI	NAGEM	ENT SYSTEMS	INC.			∨-	v3629890	)60-03				
						C-						
					Service De	scription						
TECHNICA	L ASSIS	TANCE					<u> </u>			15.		
		Contract Beg	in Date				·		act Er	nd Date		
October 01,	2003					Septembe	er 30, 2004				· · · · ·	
Allotment	Code	Cost Center	Obje	ct Code	Fu	nd	Gran		Gra	int Code	Subgrant	Code
345.71		909		082	1		On ST		<del>_, _</del>	390	n/a	
FY		e Funds	Federal	Funds		artmental	Othe	er Fundir	ng		ontract Amo ALL amendn	
	<u> </u>		0.47	20,000,00	Fı	unds \$0.0	<del>.  </del>		00.00	(modding)		00.00
2004		\$0.00		20,000.00 40,000.00		\$0.0			00.00		\$40,0	00.00
2005		\$0.00	φ-	+0,000.00			<del>`</del>					
				· · ·								
											6400	000 00
Total:		\$0.00	\$1	60,000.00		\$0.0	0		\$0.00			000.00
	96.001	1			<u> </u>		<del></del>	Check	the bo	ox ONLY if t	he answer i	s YES:
CFDA#	90.001	State Fiscal	Contact			ls the	e Contract	or a SUE	BRECI	PIENT? (pe	r OMB A-133	5)
		, Otate i loca:				ł				? (per OMB		12
Name:	Tom C	Osborne eaderick Street	Citizone D	loza Buildir	na - 5th	is th	e Contract	OL 9 AET	NDOK	(per omb	,, 100,	
Address: Phone:	Floor	eaderick StreetL ]⊟Nashville, TN	37248	Idza Daliali	ıg o					•	•	
1 1101101		313-5367		·		le th	e Fiscal Y	ear Func	lina S	TRICTLY LI	MITED?	
	<u> </u>			I Olaw		1	e Contrac				<del> </del>	一岗
Procu	uring Ag	ency Budget O	fficer App	roval Sign	ature					9 ATTACHI	 ED?	
ļ	Jeffre	y W. Roberts	August 1	0, 2004		1				Filed with		
						Is th	e Contrac				Accounte.	
<u> </u>	COMPL	ETE FOR ALL A	MENDME	NTS (only)					. –	ertification		<del></del>
		Base Con			endment	Finance	ond Adminic	tration de	ı herebi	v centry that ti	Jr., Commissi nere is a balan	Ce m me
l		Prior Amer	ndments	ON	ILY	appropris	ation from w	hich this o	bligatio	n is requirea i	to be baid mai	is not
						otherwis	e encumber	ed to pay	obligati	ons previously	/ Incuired.	
END	DATE	→										•
FY:							·				·	
FY:						_					<u>·</u> ·	
FY:					·							
FY:						_						
FY:						_{						
FY:			00.00		\$0.0							
]	Tot	al:	\$0.00		φυ.υ							

n	10	11	no

\_ \_\_\_\_

<del></del>		-			1 O T				V C LI	<b>E E</b>	T	* 	0	10102	
	· 		<u> </u>	N I H	ACT	M M A R Y S H E E T									
RFS Numb	er:	345.71-711					Contract Number: A			704	04-15746-00				
State Ager	псу:	Depai	Department of Human Services				Division: DISABILITY DETERMINATION								
Contractor								Contractor Identification Number							
VERSA MANAGEMENT SYSTEMS INC.								V- \(\sigma \) \(							
			·			Service D	C- C								
· · · · · · · · · · · · · · · · · · ·				<u></u>	•	SCIVICE D	-scription								
TECHNICA	AL ASS		<u> </u>		<u> </u>	Contract End Data									
0-1-1- 01	0000		Contract Be	gin Date		Contract End Date									
October 01, 2003  Allotment Code   Cost Center   Object Co						Fri	September 30, 2004 und Grant				irant Code Subgrant Cod				
		909	er Object Code 082			1	$\triangleright$	on STARS		390		n/a			
345.7		State Funds		Federal Funds			artmenta			ing	Total Co	Contract Amou			
'				#100.000.00		inds \$0.0		00005	ቁብ በው	(including /	LL amendments) \$120,000.00				
2004 2005	\$0.00 \$0.00			\$120,000.00 \$40,000.00		\$0.0	—+	<del>-UCK-KE</del>	\$0.00	SED	\$40,00				
		, , , , , , , , , , , , , , , , , , , ,							NOV-2	0 20	'003				
							<u> </u>	$\dashv$							
									TO ACC	<del>20</del> t	MIS				
Total:	\$0.00			\$1	\$160,000.00		\$0.00			\$0.00		\$160,000			
CFDA#	93.80	2								x ONLY if th			YES:		
State Fiscal Contact								Is the Contractor a SUBRECIPIENT? (per OMB A-133)							
Name: Tom Osborne							Is the Contractor a VENDOR? (per OMB A-133)							X	
Address: 400 Deaderick Street Phone: Citizens Plaza Building - 5th Floor															
Nashville, TN 37248 (615) 313-5367								Is the Fiscal Year Funding STRICTLY LIMITED?							
Procuring Agency Budget Officer Approval Signature								Is the Fiscal Year Funding STRICTLY LIMITED?  Is the Contractor on STARS?							
								Is the Contractor's FORM W-9 ATTACHED?							
Jeffrey W. Roberts September 29, 2003								Is the Contractors Form W-9 Filed with Accounts?							
COMPLETE FOR ALL AMENDMENTS (only)								Funding Certification							
Base Contract & This Amendment								Pursuant to T.C.A., Section 9-6-113, I. M. D. Goetz, Jr., Commissioner of							
			Prior Amer		ON		Finance a	and opria	Administration, do ation from which th	o hereby iis obliga	certify that the ation is require	ere is a b d to be p	alance aid that	in	
END DATE →							not other	WIS	e encumbered to p	Jay oblig	adons previou	aly IIICUI	ieu.		
FY:					<u>-</u> -	<del></del>									
FY:					······································				· . · · · · · · · · · · · · · · · · · ·			**** . <b>*</b>			
FY:	<u></u>	$\dashv$				Г	Fil	DΛ	CESSED	1	MANA COLLEGE	1			
								ŢĮ,	<u> </u>	7		C	111		
FY:				<del>.</del>	· · · · · · · · · · · · · · · · · · ·			o	0 0 0000		<b>東</b> がに	<u></u>			
FY:		-	· · · · · · · · · · · · · · · · · · ·	•			- I I NO	JV.	2 6 2003		는 없이 다른 기술을 받는 기술을 받는 기술을 받는 것이 되었다.	T=-	E. C. Salar		
FY:		_		<b>#0.00</b>		60.60		<u></u>	- 7. 7. 7. 7. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	1	BOLLIO.				
<u> </u>	То	tal:		\$0.00		\$0.00		()[.	. University	**.	FIGE	2	فبرية		